Montana Medicaid
CLAIM JUMPER

Member Number Now A Billable Number

Effective February 1, 2005, all providers (including pharmacies) can bill for services using the 7-digit member number assigned to Medicaid clients. This is a unique number generated by TEAMS. TEAMS stands for The Economic Assistance Management System, which is the client eligibility system used for Montana's public assistance programs.

The member number appears on Montana Medicaid's Access To Health identification card. The 9-digit client ID numbers currently used for billing on claims, i.e., social security numbers, will continue to be accepted for the foreseeable future.

For electronic claim submitters using third party/vendor software, if your software cannot accept a 7-digit client ID number, do not add leading or trailing zeros to the member number to create a 9-digit number. Providers in this situation should continue to use the 9-digit ID numbers until the software can be modified to accept a 7-digit client ID number.

Providers are reminded that possession of a Montana Access To Health card is not proof of eligibility. Eligibility must be verified through AVR, Faxback, MEPS, Medifax, or by contacting Provider Relations at the number(s) listed under *Key Contacts* on the back cover of this newsletter.

Special Instructions for WINASAP Electronic Submitters

Providers using WINASAP2003 to submit electronic claims must change the payer edits in the software to allow WINASAP to accept the 7-digit member number. The instructions are as follows:

- Go to the File pull-down menu.
- Select "Open Payer." (Montana DPHHS should be highlighted.)
- Click on "Show Payer Edits" in lower right-hand corner of window.
- Click on "Edit Values." (Click "Yes" at the Warning window.)
- Change "Patient ID Minimum Length" from 9 to 7.
- Click "OK."

WINASAP2003 will now be able to accept the 7-digit member number. The 7-digit ID minimum length will be a default in future versions of WINASAP.

New Version of WINASAP Available

WINASAP version 5.07 was released on January 5, 2005. Billers using WINASAP are strongly encouraged to upgrade to the new version as soon as possible. To check which version you are currently running, click on the "Help" menu and select "About."

To upgrade to version 5.07, go to www.mtmedicaid.org, click on "Electronic Billing," click on the "WINASAP" link and follow instructions from there.

When reinstalling the WINASAP software, be sure to safeguard your data by using the "Back-up Database" function on the Tools menu. Following the reinstallation process, restore your data using the "Restore Data-

base" function, also on the Tools menu.

New Year, New PASSPORT?

The Medicaid Managed Care Bureau reminds you that the registration deadline for the PASSPORT Summits is February 8. The Montana Department of Public Health and Human Services (DPHHS) is planning these summits to determine if the current operation of the PASSPORT To Health program is the most effective way to meet its objectives. This is your opportunity to affect change in the PASSPORT program.

"If there are aspects of the program that don't meet your needs, or those of your clients, the summits are your chance to be heard," said Mary Angela Collins, Managed Care Bureau Chief. "Come and present your concerns, as well as your ideas, to help us shape the future of the program. All suggestions will be given serious consideration. We're committed to following up on each and every one."

The one-day facilitated summits are planned for locations across the state. The first will be held in Helena during the week of April 25, followed by Havre during the week of May 10, Billings during the week of May 17, and Kalispell the week of June 7. A cross-section of PASSPORT stakeholders are invited, including: PASSPORT providers, specialists and other non-PCPs, representatives from billing companies, hospitals, FQHCs, RHCs, the tribal health community, and client advocates.

In order to make the Summits reflective of what's important to PASSPORT stakeholders, the Managed Care Bureau will be contacting a sampling of the

above groups to determine what their concerns are prior to finalizing the agenda. If you'd like to be contacted, or would like to offer ideas, contact PASSPORT Program Officer Niki Scoffield at (406) 444-4148 or niscoffield@mt.gov.

Some agenda items suggested by DPHHS staff include:

- What's the best way to assure our clients have a medical home?
- Is there a better way to assure that only appropriate care is provided to control costs?
- If a referral system is the best way to go, what's the preferred way to assure that the referrals are actually given by the PCP?
- How can we assure adequate access to primary care for our clients?
- Rather than requiring a prior referral for services, should some services only require that the PCP be notified?

All ideas that allow us to meet the PASSPORT objectives are welcome. Objectives: fostering a medical home between providers and clients, assuring adequate access to primary care; and reducing and controlling health care costs.

If you would like to participate in one of the summits, contact PASSPORT Program Officer Niki Scoffield at (406) 444-4148 or niscoffield@mt.gov by February 8. Visit Montana Medicaid's website at www.mtmedicaid.org or watch future issues of the Claim Jumper for more details regarding the summits.

Nursing Homes: HIPAA-Compliant Diagnosis Codes

This is a reminder that invalid diagnosis codes are not HIPAA-

compliant and can no longer be accepted for claims processing. Nursing home providers should verify that only the most current ICD-9 diagnosis codes, i.e., the codes with the highest degree of specificity, are used. This may require the addition of a fourth or fifth digit to the diagnosis code. Claims with invalid diagnosis codes will be denied.

All Providers: HCPCS Code G0001

One of the deleted codes for 2005 is G0001 (routine venipuncture for collection of specimens). Since the three-month grace period for deleted codes is no longer in effect, any claims billed with this code for dates of service January 1, 2005 and after will be denied by Montana Medicaid. CPT code 36415 (collection of venous blood by venipuncture) should be used instead of G0001 for dates of service January 1, 2005 and after.

Neonate Providers: Discharge Status Code 30

Facilities submitting claims for neonate services should use discharge status "30" for their interim billing. Any provider who has had a claim deny and has not already rebilled with a discharge status of "01" should resubmit the claim with discharge status "30."

Verifying Eligibility

Client eligibility can change monthly, so providers should verify eligibility each visit. Providers can check eligibility using any of several methods. These methods are located on the www.mtmedicaid.org website under *Medicaid Information, Frequently Requested Resources,* and on each provider's page in both the *General Information For Providers* manual and on under *Key Contacts, Eligibility.*

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from the Provider Information website at www.mtmedicaid.org. Select *Resources by Provider Type* for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Date	Provider Type	Description
Recent Publications Available on Website		
Notices		
12/23/04	Pharmacy	Notice regarding NDC deletions effective January 1, 2005
01/12/05	Targeted Case Management	Notice regarding Medicaid reimbursement for only one TCM provider
Fee Schedules		
12/23/04	Home Health	Current fee schedule
12/23/04	Hospice	2004/2005 fee schedule
12/23/04	Personal Care	Current fee schedule
Manuals/Replacement Pages		
12/22/04	DMEPOS	New *Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies* provider manual
01/10/05	Nursing Facility and Swing Bed Hospital	New *Nursing Facility and Swing Bed Services* provider manual
Other Resources		
12/16/04	Pharmacy	Drug manufacturer dossiers for PaxilCR and Wellbutrin XL
12/16/04	All Providers	*Provider Enrollment:* Updated Medicaid provider enrollment documents, added CHIP enrollment forms
12/21/04	School-Based Services	CSCT workgroup meeting minutes from 11/17/04
12/21/04	DMEPOS	DMEPOS advisory workgroup meeting minutes from 07/08/04 and meeting schedule for 2005
12/22/04	All Providers	*Emergency Services:* Emergency room diagnosis and procedure code list
12/23/04	Pharmacy	DUR board/formulary committee meeting minutes from September, October and November
12/23/04	All Providers	*Newsletters:* January Claim Jumper
12/23/04	All Providers	PASSPORT Summits announcement
12/23/04	Pharmacy	DUR board/formulary committee meeting agenda for January
01/03/05	Pharmacy	Drug class reviews for January meeting
01/03/05	All Providers	*Upcoming Events:* PASSPORT Summits
01/03/05	All Providers	Medicaid payment schedule for 2005
01/06/05	All Providers	*Key Contacts:* Updated client eligibility verification contacts, policy contacts, local offices of public assistance contacts, PASSPORT contacts
01/06/05	All Providers	*Medicaid Information:* Under Frequently Requested Resources: client eligibility contacts, PA contacts, Medicaid covered services table, local office of public assistance contacts, program policy contacts, key websites
01/07/05	Pharmacy	*Preferred Drug Information:* Drug manufacturer dossier for Vesicare, mental health preferred drug list workgroup agenda for January, meeting minutes for December, letter and workgroup summary
01/07/05	Physician, Mid-Level Practitioners, Public Health Clinics, Hospital Inpatient and Outpatient, IDTF, Lab and Imaging, Podiatrist, Psychiatrist	Updated ATP tests and fee schedules and lab panels for 2005
01/10/05	Pharmacy	Drug manufacturer dossier for Duragesic
01/10/05	School-Based Services	Medicaid administrative claiming participant list Q205, financial data report Q105, participant training quiz and answers to quiz
01/13/05	Pharmacy	Drug Manufacturer Dossiers for OxyContin and Palladone

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

Key Contacts

Provider Information website: http://www.mtmedicaid.org
ACS EDI Gateway website: http://www.acs-gcro.com
ACS EDI Help Desk (800) 987-6719
Provider Relations
    (800) 624-3958 (In Montana)
    (800) 442-1837 (Helena and out-of-state)
    (406) 442-4402 Fax
TPL   (800) 624-3958 (In Montana)
    (406) 443-1365 (Helena and out-of-state)
    (406) 442-0357 Fax
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility
    FAXBACK (800) 714-0075
    Automated Voice Response (AVR) (800) 714-0060
    Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 624-3958
Prior Authorization
    DMEPOS (406) 444-0190
    Mountain-Pacific Quality Health Foundation (800) 262-1545
    First Health (800) 770-3084
    Transportation (800) 292-7114
    Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604